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**RECOMMENDATION FORM**

**For All Scholarship Applicants**

**SECTION I – To be completed by the applicant**

Name of Applicant:

Waive

My right to access the information contained in this form.

Do Not Waive

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION II – To be completed by an academic instructor, sports coach, or employer**

1. In what capacity and for how long have you known the applicant?

2. How firm is the applicant’s commitment to his/her proposed field of study or athletic competition?

3. How would you rate the applicant in the following areas? Leave blank any area in which you are unable to evaluate the applicant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Average | Below Average |
| Leadership |  |  |  |  |
| Initiative |  |  |  |  |
| Seriousness of Purpose |  |  |  |  |
| Enthusiasm |  |  |  |  |
| Adaptability |  |  |  |  |
| Maturity |  |  |  |  |
| Emotional Stability |  |  |  |  |
| Public Speaking |  |  |  |  |
| Community Service |  |  |  |  |

4. Please cite specific examples of the applicant’s demonstration of the qualities listed in question 3.

5. Are there any additional comments you feel would be appropriate?

Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title:

Institution or Company:

Phone:

E-mail:

**REFERENCES FORMS POSTMARKED NO LATER THAN MARCH 1.**

**MAIL TO: LYC FOUNDATION, P.O. BOX 2, LEWES, DE 19958**

**ALL FORMS MUST BE TYPED OR PRINTED LEGIBLY.**